Equitable Access to Care: Leveraging Telehealth for Medicaid Beneficiaries in North Carolina

A Virtual Town Hall

Thursday, May 5th
11:00am-1:00pm ET
This project was funded by the Kate B. Reynolds Charitable Trust and is administered through the Duke-Robert J. Margolis Center for Health Policy at Duke University.
This event is on Twitter!

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#MargolisMedicaid
Today’s Town Hall

Opening Remarks from Dr. Shannon Dowler, Chief Medical Officer, NC Medicaid

Session 1: Telehealth and Access to Care for Medicaid Beneficiaries

• Brief overview of research and related policy context
• Study findings, themes, and policy recommendations

Session 2: Perspectives from Providers, Payers, and Policy Makers

• Moderated panel and online discussion
Key Takeaways to Advance Equitable Access to Care Using Telehealth

• Telehealth helped maintain continuity of care and access to care for Medicaid beneficiaries

• Telehealth is not yet mitigating disparities in access to services for historically marginalized groups

About 64% of health care providers we surveyed believe that differences in telehealth use are due to factors such as race, culture, English proficiency, literacy, and clinical conditions.
Key Recommendations to Advance Equitable Access to Care Using Telehealth

1. Telehealth should be integrated long-term into the Medicaid program
2. Medicaid agencies should consider the role that audio-only telehealth plays in facilitating care for the historically marginalized
3. Payment model design can facilitate more equitable and high-value application of telehealth as a part of longitudinal care management
Opening Remarks from NC Medicaid
NC Department of Health and Human Services

Medicaid Perspectives on Telehealth

Shannon Dowler, MD
Chief Medical Officer

May 2022
THE NEW SNAIL’S PACE
Telehealth, Telephonic, and In-person Claims Volume | 12/31/18 – 1/15/2022

- Dramatic decrease in in-person visits at the outset of the Public Health Emergency
- Steep increases in telemedicine during the same period
- All visit types decrease with claims adjudication

General Visits Claims Adjudication Period
Telehealth Claims Adjudication Period
Telephonic Claims Adjudication Period
Relative Probability of Telehealth Use by Adults Over Time from 3/20 – 1/22

From multivariate logit analysis that controls for all reported factors
This is not my mom.
Equitable Access to the Highest Integrity Service for All

Levelling the Field for All Levels of Literacy

Avoiding Fragmentation and/or Duplication of Care

Creating Improved Outcomes with Fiduciary Responsibility
Policy Context and Study Overview
Defining Key Terms

• Equitable access to health care:
  ➢ Everyone has a fair and just opportunity to access the health services they need to be healthy, when and how they need those services.

• Telehealth (also referred to as telemedicine):
  ➢ A health care visit with a physician or other health care provider without an in-person visit
  ➢ Can include both audio and video visits provided via a computer, tablet, or cellular phone

Equitable access to care based on RWJF health equity definition:
https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf437393
Current Policy Context

Access to health care using remote modalities like telehealth expanded rapidly out of necessity with the onset of the COVID-19 pandemic.

Questions

• Who was able to access care?
• Disparities in access?
• Where would support be needed if telehealth were to expand as an approach to deliver high-value care?
Complex Systems and Health Problems

• We are focusing on two common health conditions that affect people across the lifespan:
  • **Behavioral health (BH) conditions** such as anxiety, depression and schizophrenia
  • **Musculoskeletal (MSK) conditions** such as low back, hip, knee and shoulder pain

• Telehealth use will vary for people with behavioral health conditions versus physical health conditions
Our Study Goals

Understand whether telehealth has helped Medicaid enrollees with BH, MSK, or both conditions access the care they need.

Identify disparities in access to telehealth services that could be addressed with clinical and state-level policy reform.
Study Design and Methods

- We looked at BH and MSK service use differently:
  - **BH**: Among people were already using BH services, we looked at those who continued to access BH services during the COVID-19 pandemic
  - **MSK**: We looked at individuals who accessed MSK services during the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Study timeframe</th>
<th>Behavioral Health Users</th>
<th>Musculoskeletal Health Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID use: March 2019- February 2020</td>
<td></td>
<td><em>Not included</em></td>
</tr>
<tr>
<td>During-COVID use: April 2020 – March 2021</td>
<td></td>
<td>During-COVID use: April 2020 – March 2021</td>
</tr>
</tbody>
</table>
| Total users           | • 167,483 Youth  
  • 54,996 Adults            | • 63,875 Youth  
  • 63,655 Adults            |
## Services Provided & Provider Types

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Types of Health Care Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Services</td>
<td>Specialty Physicians &amp; Advance Practice Providers (e.g., psychiatrists)</td>
</tr>
<tr>
<td></td>
<td>Psychotherapists (e.g., licensed clinical social workers, psychologists)</td>
</tr>
<tr>
<td>MSK Services</td>
<td>Specialty Physicians &amp; Advanced Practice Providers (e.g., orthopedics)</td>
</tr>
<tr>
<td></td>
<td>Conservative Therapists (e.g., physical therapists and occupational therapists)</td>
</tr>
<tr>
<td>Both BH and MSK Services</td>
<td>Generalists (e.g., primary care physicians &amp; advanced practice providers)</td>
</tr>
</tbody>
</table>
Understanding Key Stakeholder Experiences with Telehealth

Surveys

Interviews

Focus Groups
Brief Research Presentations
Research Team

Rebecca Whitaker
Janet Prvu Bettger
Yolande Pokam
Samantha Repka
Gary Maslow
Rushina Cholera
Alexis French
Salama Freed
Kelley Jones
Karen Swietek
Abhi Giri
Katherine Norman
Chris Lea
Ashley Lake
Marissa Carvalho
Annise Weaver
Erik Carvalho
Cynthia Dong
Nadia Bey
Telehealth Access and Maintenance of Care for Beneficiaries with Behavioral Health Conditions

Presented by: Rushina Cholera
Assistant Professor
Duke Department of Pediatrics
Core Faculty Member
Duke-Margolis Center for Health Policy
Behavioral Health and the COVID-19 Pandemic

About 1 in 4 adults and 1 in 5 youth have a behavioral health (BH) condition.¹,²

Prevalence of depression and anxiety doubled during the COVID-19 pandemic.³

‘Behavioral health emergency’: NC health organizations ask state leaders for help.⁴
Overall, roughly **38%** of youth and **34%** of adults with BH conditions used telehealth for BH services during COVID-19.
Youth with Increased Medical or Behavioral Health Complexity Used Telehealth to Access Care

Note: The percentage listed within each section of each bar represents the proportion of beneficiaries within the respective Medicaid eligibility category and service use (i.e., telehealth use, in-person only, and no service use) out of all of the beneficiaries within the respective Medicaid eligibility category.
# Youth Using Telehealth During COVID Maintained Access to Care

<table>
<thead>
<tr>
<th></th>
<th>Telehealth users accessing care (n=63,684)</th>
<th>Non-telehealth users accessing care (n=103,799)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-COVID</td>
<td>During COVID</td>
</tr>
<tr>
<td>BH Medical Management</td>
<td>22.4%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>50.3%</td>
<td>51.4%</td>
</tr>
</tbody>
</table>

Pre-COVID: March 2019 – February 2020
During COVID-19: April 2020 – March 2021
## Adults Using Telehealth During COVID Maintained Access to Care

<table>
<thead>
<tr>
<th></th>
<th>Telehealth users accessing care (n=18,796)</th>
<th>Non-telehealth users accessing care (n=36,200)</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-COVID</td>
<td>During COVID</td>
<td>% change</td>
</tr>
<tr>
<td>BH Medical Management</td>
<td>53.8%</td>
<td>50.4%</td>
<td><strong>-6.3%</strong></td>
</tr>
<tr>
<td>Any Psychotherapy</td>
<td>66.9%</td>
<td>72.0%</td>
<td><strong>+7.5%</strong></td>
</tr>
</tbody>
</table>

Pre-COVID: March 2019 – February 2020
During COVID-19: April 2020 – March 2021
## Likelihood of Telehealth Use Among People with BH Conditions

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Youth</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black race</td>
<td>-8%</td>
<td>-14%</td>
</tr>
<tr>
<td>Other race or multiracial</td>
<td>-4%</td>
<td>-8%</td>
</tr>
<tr>
<td>Hispanic/Latinx ethnicity</td>
<td>-8%</td>
<td>No difference</td>
</tr>
<tr>
<td>Female</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>Eligible for Tailored Plan</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Rural residence</td>
<td>No difference</td>
<td>No difference</td>
</tr>
</tbody>
</table>

During COVID-19: April 2020 – March 2021

Models adjusted for patient-level characteristics including: age, race, ethnicity, sex, rural/urban county of residence, Medicaid program eligibility group, Tailored Plan eligibility, comorbid conditions (Charlson comorbidity index for adults and Pediatric Medical Complexity Algorithm for youth), and a range of behavioral health disorders. County-level covariates include the proportion of households without an internet subscription from the Census American Community Survey, and the four domains from the CDC’s Social Vulnerability Index (Socioeconomic Status, Household Composition and Disability, Minority Status & Language, and Housing Type & Transportation).
Provider Perspectives

“Many families report positive aspects such as easier access to care and comfort of own environment, especially for children with special health care needs and with mental health concerns. They also report that social limitations, such as transportation, are no longer a barrier.”
- BH Provider

“Telehealth options have dramatically improved access for the Medicaid population my agency serves...my agency/clinic provides mental health and addiction services. While telehealth is a needed option with addiction services it should not serve as the only option. Face to face services need to be incorporated, especially early on in treatment.”
- BH Provider
Key Findings

Telehealth users both had higher service use pre-COVID and higher maintenance of care compared to their non-telehealth user counterparts.

People of color (Black/other race/multiracial youth and adults, Hispanic youth) were less likely to become telehealth users.

People with more substantial medical or behavioral complexity were more likely to become telehealth users.
Policy Implications

Telehealth can expand access to services in the current behavioral health crisis.

• Policy makers can leverage payment and regulatory opportunities to promote the use of telehealth for BH services by patients and clinicians

• Additional research needed to understand and mitigate the drivers of racial and ethnic differences in telehealth use

• Strategies needed to further expand access to telehealth for people with tenuous connections to health care

• There are potential implications for Tailored Plan implementation in NC
Q & A
Telehealth Access during COVID-19 for Beneficiaries with Musculoskeletal Conditions

Presented by: Katherine Norman
PhD Student
Department of Population Health Sciences
Duke University
Musculoskeletal Conditions are Common Conditions in the US

Over 10% of youth and 1 out of every 2 adults experience an MSK condition\textsuperscript{6,7}

Historical barriers to accessing MSK services include:

- Lack of MSK providers such as specialists and therapists, especially in rural areas
- Lack of transportation or resources to travel to appointments
- Limited insurance coverage and benefit design

Telehealth could help solve some of these barriers
Overall, roughly **6%** of youth and **10%** of adults with MSK conditions used telehealth for MSK services during COVID-19.
## Key Differences in Telehealth Use Among People with MSK Conditions

<table>
<thead>
<tr>
<th></th>
<th>Youth</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Telehealth users were <strong>younger</strong></td>
<td>Telehealth users were <strong>older</strong></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>A lower proportion of Black youth used telehealth</td>
<td>No differences by race</td>
</tr>
<tr>
<td><strong>Hispanic/Latinx Ethnicity</strong></td>
<td>A slightly <strong>higher</strong> proportion of Hispanic youth used telehealth</td>
<td>Slightly <strong>smaller</strong> proportion of Hispanic/Latinx beneficiaries used telehealth</td>
</tr>
<tr>
<td><strong>Medicaid Eligibility and Patient Complexity</strong></td>
<td>A <strong>higher</strong> proportion of telehealth users are Tailored Plan-eligible</td>
<td>A <strong>higher</strong> proportion of telehealth users qualified for Medicaid due to disability and had more chronic conditions</td>
</tr>
<tr>
<td><strong>Rural/Urban Residence</strong></td>
<td>A <strong>higher</strong> proportion of <strong>urban county</strong> residents were likely to access services via telehealth.</td>
<td></td>
</tr>
</tbody>
</table>

Results are unadjusted for other factors
Describing MSK Service Use with Primary and Specialty Providers

- Roughly same proportion of adults and youth accessed MSK services from PCPs
- A high proportion of telehealth users accessed MSK services from PCPs
- Greatest proportion of adult telehealth users accessed MSK services from “other specialists” while more youth telehealth users accessed care from orthopedists
Describing MSK Service Use with Conservative Therapists

Telehealth was an important tool for youth with musculoskeletal diagnoses to access occupational and physical therapy.
Provider Perspectives

“Now, with the use of telehealth visits, physical therapy can occur during acute joint and muscle bleeding episode when individuals are experiencing severe pain...for complex medical needs and individuals with bleeding disorders, telehealth is invaluable in preventing multiple in-person medical visits, emergency room visits (due to need for clotting factor infusions) and at times hospitalization.”
- MSK provider

“For rehab professionals, the lens into the patients home can provide a dramatic reality check for providers. Understanding what someone must navigate within and outside of their home will create recommendations that are more practical and likely improve compliance.”
- MSK provider
Key Findings

A higher percentage of people from complex groups, such as youth who are Tailored Plan-Eligible and adults with disability and/or chronic MSK conditions, used telehealth to access care.

Telehealth enabled access for youths needing rehabilitation services and for adults and youth seeking primary care and specialty services for MSK conditions.

A higher proportion of White, other race, and multiracial youth used telehealth, while a lower proportion of Black youth used telehealth.
Policy Implications

Management of chronic MSK conditions is one of the highest burdens in healthcare. Adoption of telehealth services may promote resource allocation across divisions of practice to reduce low-value care.

• Telehealth can enable access to specialty and ancillary services when primary care services may not be available or appropriate, which could help reduce avoidable hospital use

• Telehealth benefit design may need to be structured differently to align with overall access to MSK services for adults

• Opportunity to leverage clinical, regulatory, and payment models to increase access to telehealth services for people living in rural areas and for populations that have been historically marginalized

• Uncertainty surrounding the permanency of telehealth for MSK services can affect providers’ decision to adopt or integrate telehealth into core delivery models
Q & A
Moderated Panels
Panel 1: Telehealth Access in North Carolina: Implications for Care Delivery

Lwiza Escobar Garcia
Project Administrator
HealthLit4Wake
Wake County Health and Human Services Department

Steve North
Vice President of Medical Operations
Eleanor Health

Evie Nicklas
Director of Behavioral Health
MedNorth Health Center

Michael Schmidt
Director of Payer Relations
American Physical Therapy Association North Carolina Chapter
Panel 2: Role of Payers and Other Policymakers in Improving Telehealth Access

Corye Dunn
Director of Public Policy
Disability Rights North Carolina

Ginny Whitman
Public Policy Manager
Alliance for Community Health Plans

Angie Bailey
Director of the Broadband Infrastructure Office
NC Department of Information Technology's Division of Broadband and Digital Equity

Karen Smith
Family Physician, Board Member
American Academy of Family Physicians
Thank You!

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